**Counsellor Application Form**

# Private and Confidential

Please complete this form in block capitals and return to office@casy.org.uk or post to CASY, 16 London Road, Newark, Nottinghamshire, NG24 1TW. In order to apply, we expect you to either be on a counselling course at a Level 4 or above or to have already qualified.

**Personal Details**

Title: Mr, Mrs, Ms, Miss, Dr (please delete as appropriate)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A placement at CASY would require you to be a member of one of the main professional counselling bodies, e.g. BACP, UKCP, ACC, NCS.

Are you a member of a professional counselling or psychotherapy body? Y / N

If yes, please state which body, your membership status and membership number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had an enhanced DBS done within the last 3 months? Y / N

Do you consider yourself to have a disability or any specific needs that you would like us to be aware of so that we can provide appropriate support? Y / N

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any criminal convictions? Y/N

If yes, please give details on a separate sheet.

# Counselling Training

CASY expects that you are already qualified or undertaking a course which requires a counselling placement. Please list all counselling training below, indicating any which you are currently undertaking. If necessary, please continue a separate sheet.

|  |  |  |
| --- | --- | --- |
| From - To | Place of Learning | Qualification Obtained |
|  |  |  |

If you are in training, please provide the name and contact details for your tutor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Counselling Experience

How would you describe your theoretical approach?

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|  |  |  |
| --- | --- | --- |
| Dates  From - To | Name of  Organisation or  Agency | Brief Outline of Work Undertaken |
|  |  |  |

Please continue a separate sheet if necessary. If you are not yet qualified, how many hours of counselling experience do you approximately have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to gain from a placement with CASY?

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If you want a placement at CASY to support your training as a counsellor, please give details of the course requirements below e.g. age range of clients, number of hours needed etc.

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How many hours per week are you able to commit to counselling CASY clients? \_\_\_\_\_\_\_\_\_\_

Please indicate what days and times you would be able to see clients on a weekly basis:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| 9am-12 noon |  |  |  |  |  |  |  |
| 12pm-3pm |  |  |  |  |  |  |  |
| 3pm-6pm |  |  |  |  |  |  |  |

Many of our clients are seen within schools during the school day. If this is something you are unable to facilitate, when are you available?

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CASY expects that you have experienced at least 20 hours of personal therapy since the start of your training. Please give brief details of your own experience of personal therapy and how it has helped you and your practice

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If you have not already had 20 hours of personal therapy, do you agree to undergo at least 10 hours within your first six months of starting your CASY placement, with a total of 20 within your first year with CASY? Y / N

When are you available to start counselling for CASY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Supervision

Please reflect on your own experience of supervision and how it has informed your practice as a professional.

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| --- |
|  |

Name, address and telephone number of your counselling supervisor:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |

# References

Please provide details of two people who can give you a reference. One must be your current/former counselling trainer and the other someone who knows you more personally.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |

# Other Information

Please use this space to add any further information that you want us to have to support your application.

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Signed: ………………………………………………………………………………… Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Thank you for completing the application form. We will be in touch soon**